

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/830,115
	Filing Date	April 23, 2004
	First Named Inventor	Loren Eckart
	Art Unit	3623
	Examiner Name	David Robertson
	Attorney Docket Number	123306-177657

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 070813

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 070813

OR

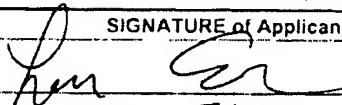
<input type="checkbox"/>	Firm or Individual Name			
Address				
City				
Country	State	Zip		
Telephone	Email			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	LOREN ECKART		
Date	3/26/08	Telephone	404-964-3471

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted